

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763899

FILED  
Jan 04, 2010  
Secretary of State

**Entity Name:** THE MONTESSORI LEARNING CENTER OF FORT WALTON BEACH, INC.

**Current Principal Place of Business:**

204 HOSPITAL DRIVE  
FT. WALTON BEACH, FL 32548

**New Principal Place of Business:**

**Current Mailing Address:**

204 HOSPITAL DRIVE  
FT. WALTON BEACH, FL 32548

**New Mailing Address:**

**FEI Number:** 59-2210929

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LEGG, JENNIFER  
82 LAURIE DRIVE  
FORT WALTON BEACH, FL 32548 US

**Name and Address of New Registered Agent:**

IZER, STACEY  
322 IVA PLACE SW  
FORT WALTON BEACH, FL 32548 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: STACEY IZER

01/04/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: NEWSTEAD, ALINE  
Address: 113 BROOKS ST. #106  
City-St-Zip: FORT WALTON BEACH, FL 32547 US

Title: VPD  
Name: ARROWSMITH, STEPHEN  
Address: 2216 CALLE DE MARBELLA  
City-St-Zip: NAVARRE, FL 32566 US

Title: TD  
Name: CLANCY, SHERI  
Address: 132 MONAHAN DRIVE  
City-St-Zip: FORT WALTON BEACH, FL 32547 US

Title: SD  
Name: COUCH, MICHELLE  
Address: 230 YACHT CLUB DRIVE  
City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: D  
Name: LEATHERMAN, SARAH  
Address: 1019 COUNTRYSIDE COURT  
City-St-Zip: FORT WALTON BEACH, FL 32547 US

Title: D  
Name: GARCIA, NICOLE  
Address: 1832 SOD DRIVE  
City-St-Zip: FORT WALTON BEACH, FL 32547 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STACEY IZER

RA

01/04/2010

Electronic Signature of Signing Officer or Director

Date